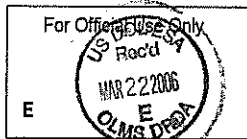


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5689</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>2005</u> Through: <u>12</u> / <u>31</u> / <u>2005</u>
3. Name and address of person filing. Name <u>GERALD</u> <u>W</u> <u>CONNOLLY</u> P.O. Box, Bldg., Room No., if any _____ Street <u>103 TAFT AVENUE</u> City <u>LONG BEACH</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11561</u>	4. Name, file number, and address of labor organization. Name <u>BOILERMAKERS LOCAL LODGE NO. 5</u> Labor Organization File Number <u>058-507</u> P.O. Box, Building and Room Number, if any _____ Street <u>24 VAN SICLEN AVENUE</u> City <u>FLORAL PARK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11001-2013</u>
5. Position in labor organization. <u>BUSINESS MANAGER / SECRETARY-TREASURER</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Gerald W. Connolly</u>	On <u>3/16/06</u> Date	<u>(516) 432-2794</u> Telephone Number

Name of Person Filing	GERALD W. CONNOLLY	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>BOILERMAKERS NATIONAL PENSION TRUST</u></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE 522</u></p> <p>Street <u>754 MINNESOTA AVENUE</u></p> <p>City <u>KANSAS CITY</u></p> <p>State <u>KANSAS</u> ZIP Code + 4 <u>66101</u></p>	<p>11.a. Nature of such dealing.</p> <p><u>TRUSTEE OF BOILERMAKERS NATIONAL PENSION TRUST FUND</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$66,700,000.00</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>PENSION TRUST FUND MEETING IN DENVER COLORADO REIMBURSEMENT FOR TRAVEL AND DAILY EXPENSES SEPTEMBER 2005</u></p> <p>12.b. Amount. <u>\$1,469.00</u></p>

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name <input type="text"/></p> <p>Trade Name, if any: <input type="text"/></p> <p>P.O. Box, Bldg., Room No., if any <input type="text"/></p> <p>Street <input type="text"/></p> <p>City <input type="text"/></p> <p>State <input type="text"/> ZIP Code + 4 <input type="text"/></p>	<p>14.a. Nature of payment.</p> <p><input type="text"/></p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p> <p><input type="text"/></p>

Name of Person Filing

GERALD W. CONNOLLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

BOILERMAKERS NATIONAL PENSION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

SUITE 522

Street

754 MINNESOTA AVENUE

City

KANSAS CITY

State

KANSAS

ZIP Code + 4

66101

11.a. Nature of such dealing.

TRUSTEE OF BOILERMAKERS NATIONAL
PENSION TRUST FUND

11.b. Approximate dollar value of such dealing.

\$6,700,000.00

12.a. Nature of interest held or income received.

PENSION TRUST FUND MEETING
IN MAUI, HAWAII
REIMBURSEMENT FOR TRAVEL AND
DAILY EXPENSES
JANUARY 2006

12.b. Amount.

\$1,494.56

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing

GERALD W. CONNOLLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

☐

a. Labor Organization

☒

b. Trust

☐

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

BOILERMAKERS NATIONAL PENSION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

SUITE 522

Street

754 MINNESOTA AVENUE

City

KANSAS CITY

State

KANSAS

ZIP Code + 4

66101

11.a. Nature of such dealing.

TRUSTEE OF BOILERMAKERS NATIONAL
PENSION TRUST FUND

11.b. Approximate dollar value of such dealing.

\$6,700,000.00

12.a. Nature of interest held or income received.

PENSION TRUST FUND MEETING
IN LAKE TAHOE, CALIFORNIA
REIMBURSEMENT FOR TRAVEL AND
DAILY EXPENSES
JUNE 2005

12.b. Amount.

\$1,345.81

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐

?

14.b. Amount of payment.

Name of Person Filing GERALD W. CONNOLLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BOILERMAKERS NATIONAL PENSION TRUSTTrade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 522Street 754 MINNESOTA AVENUECity KANSAS CITYState KANSAS ZIP Code + 4 66101

11.a. Nature of such dealing.

TRUSTEE BOILERMAKERS NATIONAL
PENSION TRUST FUND.

11.b. Approximate dollar value of such dealing.

\$6,700,000,000

12.a. Nature of interest held or income received.

INFORMATION AND TECHNOLOGY SUBCOMMITTED
MTG IN KANSAS CITY OFFICE.AUGUST, 2005

12.b. Amount.

\$588.76

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing GERALD W. CONNOLLY

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

- ☐ a. Labor Organization
- ☒ b. Trust
- ☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name BOILERMAKERS NATIONAL PENSION TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any SUITE 522

Street 754 MINNESOTA AVENUE

City KANSAS CITY

State KANSAS ZIP Code + 4 66101

11.a. Nature of such dealing.

TRUSTEE BOILERMAKERS NATIONAL PENSION TRUST

11.b. Approximate dollar value of such dealing.

\$6,700,000.00

12.a. Nature of interest held or income received.

ATTEND INTERNATIONAL FOUNDATION ANNUAL CONFERENCE IN HONOLULU, HI.

NOVEMBER 2005

12.b. Amount.

\$2,939.53

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.